

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/530263

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		1			53						
4		2		1			54						
5		(1)		1			55						
6		(1)		1			56						
7		(1)		1			57						
8		(3)		1			58						
9		(1)		1			59						
10		(1)	1	1			60						
11	1		1				61						
12		1		1			62						
13		2		1			63						
14		(1)		1			64						
15		(1)		1			65						
16	1		1				66						
17		1		1			67						
18		2		1			68						
19		(1)		1			69						
20		1		1			70						
21		(1)		1			71						
22		(1)		1			72						
23		(1)		1			73						
24		(1)		1			74						
25		(1)		1			75						
26		(1)		1			76						
27		(1)		1			77						
28	1		1				78						
29		1		1			79						
30		2		1			80						
31		(1)		1			81						
32		(1)		1			82						
33		(1)		1			83						
34		(1)		1			84						
35		(1)		1			85						
36		(1)		1			86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓		↓	4	↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←	32	←	TOTAL DEP.		←		←		←
TOTAL CLAIMS					36		TOTAL CLAIMS						